

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09782934	FILING DATE 2-15-01		
								APPLICANT(S)			
								CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2		/						52			
3		/						53			
4		/						54			
5		/						55			
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7		/						57			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	3							TOTAL IND.			
TOTAL DEP.	10	↔		↔		↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	13							TOTAL CLAIMS			